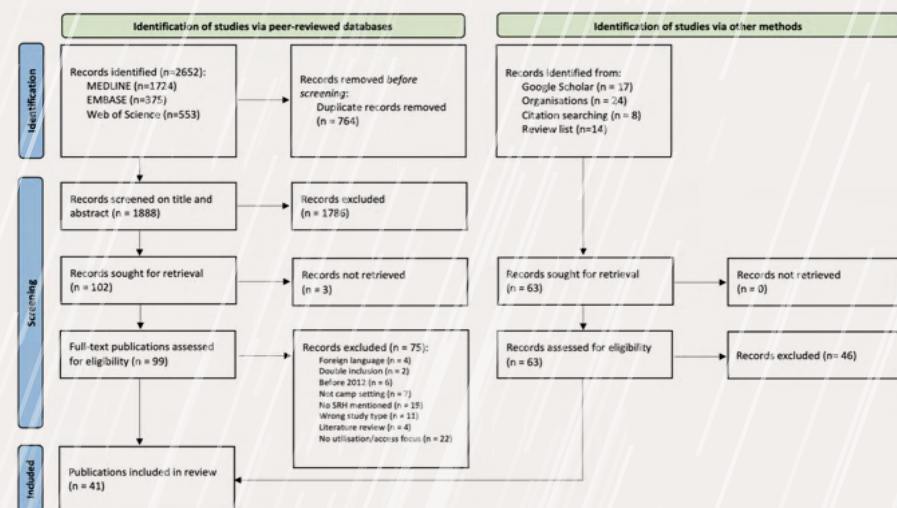


INTRODUCTION

Reviews addressing access to sexual and reproductive health (SRH) services for refugees are either limited to low- and middle-income countries (LMICs) or focus on countries of destination. In order to strengthen SRH responses for refugees residing in formal camps and informal settlements in the WHO (World Health Organisation) European region, this scoping review summarizes the evidence on (the factors influencing) their access.

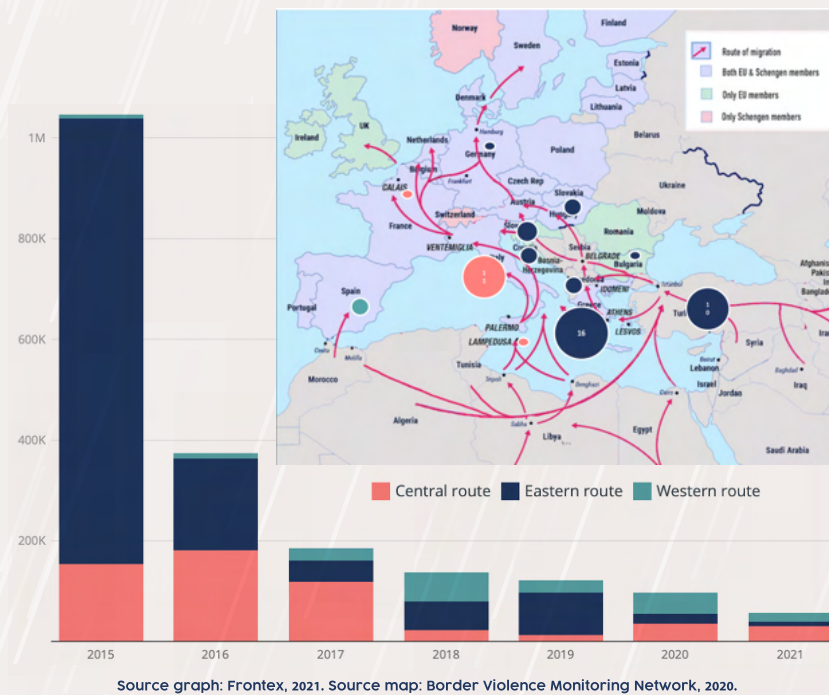
METHODS

GRAPH SHOWING NUMBER OF MIGRANTS ENTERING EUROPE FROM 2015 – 2021 THROUGH THE THREE MOST COMMON MIGRATION ROUTES COMPARED TO MAP ILLUSTRATING THE NUMBER OF STUDIES REVIEWED BY COUNTRY



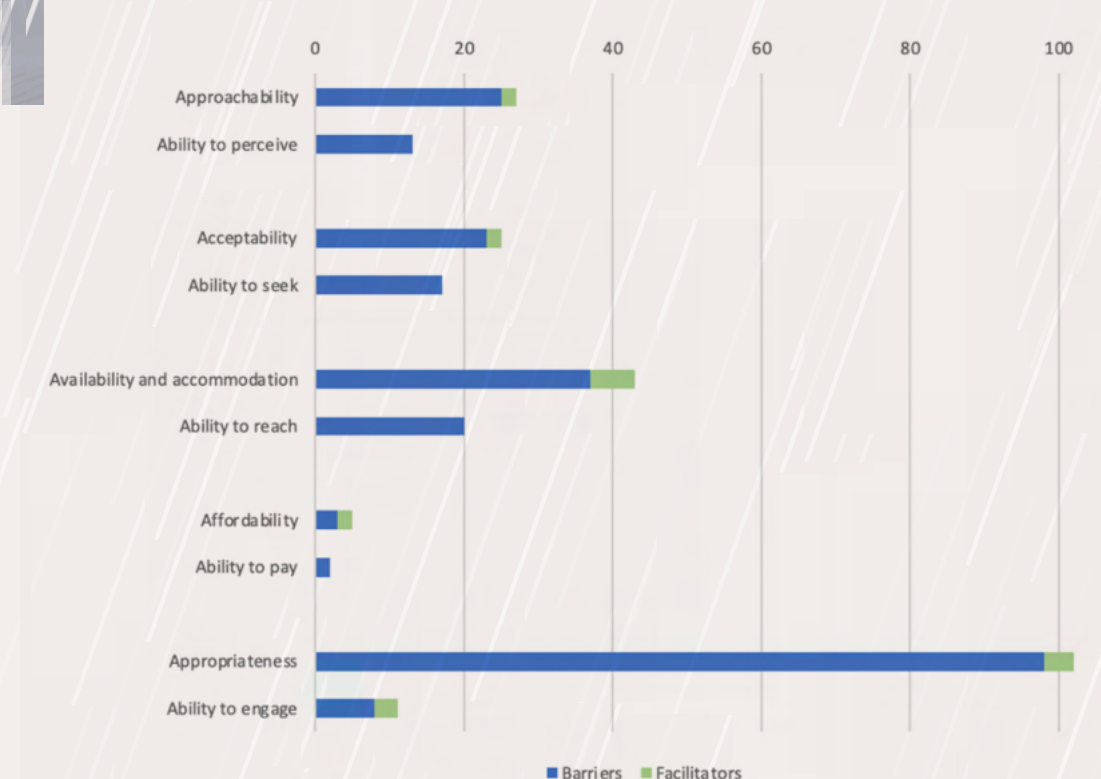
RESULTS I

PRISMA FLOW DIAGRAM OF THE SCOPING REVIEW PROCESS



RESULTS II

TOTAL NUMBER OF BARRIERS AND FACILITATORS MENTIONED PER CATEGORY OF LEVESQUE'S FRAMEWORK



HEALTHCARE NEEDS

APPROACHABILITY

- Information
- Knowledge on:
 - Right to healthcare
 - Available services
 - Pathway to care
 - Health education
- Outreach
- Restrictive legislation
- Recognition of vulnerability
- Long-term presence
- Transparency
- Lack of visibility

ABILITY TO PERCEIVE

- Health literacy
- Understanding of health
- Knowledge on existence of treatment
- Appreciating need for care
- Health beliefs
- Low formal health-seeking behaviour
- Trust and expectations
- Scepticism of treatment or healthcare personnel
- Discrepancies in expectation and delivery

PERCEPTION OF NEEDS AND DESIRE FOR CARE

- Gender
- Healthcare staff and translators
- Structural barriers
- Lack of dedicated funding
- Professional values
- Respect
- Discrimination
- Norms
- Limited treatment options
- Application of Western medicine
- Culture
- Familiarity

AVAILABILITY AND ACCOMMODATION

- Geographic location
- Remoteness
- Ethical and political implication
- Security
- Accommodation
- Existence of safe spaces
- Availability of services
- Availability of staff
- Availability of medication
- Availability of translators
- Legislation

AFFORDABILITY

- Direct costs
- Free healthcare
- Gender specific care
- Cost of medication
- Indirect costs
- Cost of transport

SERVICES IN TRANSIT

- Technical and interpersonal Adequacy quality
- Infrastructure
- Staff resilience
- High staff turnover
- Lack of effective triage
- Accountability
- Lack of time
- Timeliness
- Coordination and continuity
- Referral pathways
- SOPs
- Role of NGOs

ABILITY TO SEEK

- Personal values
- Priority with travel
- Mistrust
- Social values
- Stigma
- Social pressure
- Conflicting priorities
- Culture
- Taboos
- Autonomy
- Knowledge about individual rights
- Knowledge about healthcare options

HEALTHCARE SEEKING

- Living environments
- Transient nature of stay
- Transport
- Logistical capacity of ambulances
- Lack of transport possibilities
- Familiarity with transport system
- Mobility
- Legal rulings
- Vulnerable groups
- Social support
- Navigating care spaces

HEALTHCARE REACHING

- Empowerment
- Capacity to communicate
- Agency
- Information
- Comprehension

ABILITY TO ENGAGE

- Income
- Availability of monthly cash transfer
- Free healthcare
- Borrowing money

ABILITY TO PAY

- Income
- Availability of monthly cash transfer
- Free healthcare
- Borrowing money

HEALTHCARE UTILISATION

- Empowerment
- Capacity to communicate
- Agency
- Information
- Comprehension

HEALTHCARE UTILISATION

- Empowerment
- Capacity to communicate
- Agency
- Information
- Comprehension

HEALTHCARE UTILISATION

- Empowerment
- Capacity to communicate
- Agency
- Information
- Comprehension

CONCLUSION

- Unmet family planning (FP) needs and inadequate use of ante- and postnatal care indicate poor access, but studies are limited to Turkey.
- Important barriers include absence of gender-sensitive services, staffing challenges and language barriers. Lack of trust in the healthcare system and poor health literacy further reduce access.
- Poor leadership and coordination result in ad-hoc services that are inadequately transitioning to comprehensive care.
- Refugees in transit prioritise reaching their final destination over their immediate health needs.
- The SRH landscape for refugees in the WHO European region is characterised by a fragmented system of emergency services provided to a population who prioritise reaching their country of destination.

